



# Massachusetts Department of Environmental Protection

Bureau of Air & Waste • Air Quality

## NOx Ozone Net Output Report

Reporting Year \_\_\_\_\_

Facility ID# (if known) \_\_\_\_\_

**Important:**  
When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.

### A. Facility Information

Facility Name \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Title \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email Address \_\_\_\_\_

### B. Ozone Season Net Electric Output

All net electric output values must be expressed in megawatt hours (MWh)/month.

Reporting Month	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____

### C. Ozone Season Net Steam Output

All net steam output values must be expressed in millions of British thermal units (MMBtu)/month.

Reporting Month	Unit No. _____	Unit No. _____	Unit No. _____	Unit No. _____
May	_____	_____	_____	_____
June	_____	_____	_____	_____
July	_____	_____	_____	_____
August	_____	_____	_____	_____
September	_____	_____	_____	_____

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**D. Additional Comments:**

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**E. Certification**

**This form must be signed by the SIPNO<sub>x</sub> Authorized Account Representative or the Alternate SIPNO<sub>x</sub> Account Representative.**

"I am authorized to make this submission on behalf of the owners and operators of the NO<sub>x</sub> Ozone Season source or NO<sub>x</sub> Ozone Season unit for which the submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the statements and information submitted in this document and all its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment."

Print Name

Authorized Signature

Position/Title

Date (MM/DD/YYYY)